

Chapter 4

PERSONNEL

4.1. Employee Personnel Manuals. The DIHS uses the following manuals as the authority for all personnel issues and guidance: Commissioned Corps Personnel Manual (CCPM), HRSA – NTEU Collective Bargaining Agreement, and the Contractor’s Employee Handbook.

4.1.1. Commissioned Corps Personnel Manual (CCPM). The CCPM is available on the Internet at <http://dcp.psc.gov>.

4.1.2. Civil Service Manual. The HRSA-NTEU Collective Bargaining agreement for civil service employees will be maintained in every location in hard copy format where applicable.

4.1.3. Contract Staff. A copy of the contractor’s employee Handbook will be maintained at each location where applicable.

4.2. Recruitment Process. A uniform mechanism for the recruitment of personnel will be used. When a vacancy is identified the following will be established (see Recruitment Process SOP 4.2):

- XProfessional category required
- XLevel of experience and expertise required
- XTime-frame for filling

The Human Resource (HR) section will elicit interest of the potential candidates and will refer them for interviews. The Branch Chief in concert with the discipline consultant and potential supervisor, as appropriate, will recommend to the DIHS Director a selection for the position. Once a candidate has been selected, HR will be notified so that the appropriate paperwork can be completed and submitted to the appropriate personnel office. Specific HR procedures may be found in the Cost Center Manager’s Handbook.

4.3. Medical Staff Appointments and Delineation of Clinical Privileges Any licensed independent practitioner (LIP) whether an employee of or a consultant/contractor to DIHS, must have privileges to provide patient care services in DIHS medical facilities. LIPs include physicians, dentists, psychiatrists, and clinical psychologists. Privileges are granted based on verified information available in the credentials portfolio. Privileges are delineated based on the education, training, experience and competency of the applicant. The attached Medical Staff By-Laws (Appendix A) provides details on the governance of the medical staff.

4.3.1.The Credentials Portfolio. A credential portfolio will be maintained for each staff member. See Credentials Portfolios SOP 4.3.1.

4.3.1.1. Licensed Independent Practitioners A credentials portfolio shall be maintained on each LIP who provides services to the detainee population at the detention facility, including contract staff and full-time employees. Each portfolio must contain, at a minimum, written evidence that the following credentials have been verified at the primary source:

- XProfessional education, including verification of FLEX/ECFMMG, if a foreign medical graduate
- XGraduate education (internship, residency, preceptorship, etc.)
- XProfessional licensure or certification (all current, past, active, and inactive)
- XMalpractice history (if applicable)
- XAny past disciplinary actions (if applicable)
- XNational Practitioner Data Bank inquiry (if applicable)
- XReference letters from three professional peers written within the past year or two previous
- Commissioned Officer Effectiveness Report (COERS) for prior USPHS officers

In addition, each file shall contain evidence of:

- XParticipation in Continuing Professional Education
- XPeriodic peer review (at least annual)
- XAnnual evaluation for participation in Performance Improvement activities. These comments should be reflected on the current COERs and other evaluations using the appropriate standards for professional duties.
- XStatement of Health

The Clinical Services Branch will keep original files up-to-date. A copy of the file will be provided to DIHS medical facilities.

All credentials portfolios are to be kept in a locked cabinet. Only those with a “need to know” may review these files. Any other review of a credentials portfolio must take place only after a signed consent is obtained from the affected staff member.

4.3.1.2. Non-Independent Licensed Practitioners. A credentials portfolio must be maintained on all clinical staff. The portfolio for Non-Independent Licensed Practitioners who practice under the clinical supervision of LIPs, must contain the following:

- XEducation (diploma)
- XProfessional licensure or certification (all current, past, active, inactive)
- XContinuing education
- XPeriodic peer review (at least annual)
- XCurrent scope of practice lists (renewed annually)
- XStatement of Health

These files will be kept up-to-date by the HSA at each medical facility. All credentials portfolios are to be kept in a locked cabinet. Only those with a “need to know” may review these files. Any other review of a credentials portfolio must take place only after a signed consent is obtained from the affected staff member.

4.3.2. Granting of Privileges. All LIPs including contract/consultants must be privileged to deliver medical care in the medical facility. These privileges are granted based on the LIP's education, training, experience and competency as identified and validated in the credential portfolio. The DIHS Medical Director shall keep the original credentials portfolio at Headquarters. Photocopied portfolios shall be kept by the HSA at each medical facility. Privileges are granted only for the delivery of medical care or procedures that can be supported by the medical facility (furthermore, they must be facility-specific). Temporary privileges on providers new to the program will be granted for one year based on a review of the credentials portfolio by the DIHS Medical Director. Permanent privileges are granted based on adequate performance during the first year. Permanent privileges are granted for a period not to exceed two (2) years. When regranting permanent privileges, the original credentials portfolio does not have to be duplicated. Continuation of privileges is based on a provider's performance, evaluations of current competency, peer review, fitness for duty, and suitability for working in a correctional environment.

4.3.3. Competency Assessment. All Registered Nurses, Licensed Vocational/Practical Nurses, Nurses Aid, Nurse Practitioners/Physicians Assistants, Medical Assistants, Pharmacy Technicians, Dental Assistants, Medical Records Technicians and Registered Health Information Administrators (RHIA) will demonstrate competency to perform the tasks specific to their discipline at time of hire and annually there-after. All clinical staff must complete the competency assessment within 30 days of hire. Observation of competent performance will be documented on the DIHS Orientation and Competency Check List, which will be maintained in the employee's personnel file. The following individuals will verify job specific competencies:

XThe Clinical Director will verify Nurse Practitioner/Physician Assistant and Nurse Manager competency.

XThe Dentist will verify Dental Assistant competency.

XThe Pharmacist will verify Pharmacy Technician competency. If there is no pharmacist present, the Clinical Director will verify the Pharmacy Technician competency.

XThe Health Services Administrator (HSA) may verify competency on RN, LVNs, LPNs, NAs, MAs if the HSA is a Physician, RN, NP or PA. In the event the HSA is not a physician, RN, NP or PA, the Clinical Director and HSA will delegate the competency assessment of duties to a Nurse Manager/Senior Nurse.

XThe Medical Records Consultant will assess competency of the RHIA.

XThe RHIA will verify competency for MRTs. If there is no RHIA on staff the HSA will verify the competency for MRTs. Annually the HSA will forward a summary of all staff competency assessments, including trends of frequent deficiencies with plans for corrective interventions to the Chief of Field Operations and Medical Director.

See Competencies SOP 4.3.3.

4.4. Position Descriptions. A DIHS position description will serve as the task and responsibility specific document that outlines the duties of each position. All commissioned officers and civil service personnel will receive a position description from their DIHS supervisor. All contract personnel will also receive a position description from their supervisor (not the DIHS HSA). For contract personnel, the position description is based on the contract requirements. These requirements are directly linked to the

DIHS position descriptions. Under government contract requirements, government personnel cannot show superintendence over contracting staff. Therefore, position descriptions for contract workers may be linked to the contract.

The position description will be kept on record in the credentials portfolio for health care workers and in the personnel files for non-health care workers. A copy of the position description will be given to the employee and documentation that the employee has received the position description will be kept on record.

4.5 Personnel Folders. Personnel folders contain leave records, copies of PHS orders, position descriptions, billet descriptions, COERs/EPMS, licenses, and continuing professional education documentation. Personnel folders should never be combined with credentials portfolios.

For federal workers, the personnel folder always transfers to the next duty station. This folder should be mailed. This folder should never be given to the employee to hand carry. The credentials portfolio will remain on file with the Division, forever.

4.6. Student and Interns. Students and Interns may train in DIHS Medical facilities or Headquarters when the training is in accordance with their program of study (see Student Volunteer SOP 4.6). In medical facilities, the HSA is the contact point for schools interested in placing students in DIHS facilities for training purposes. The HSA must review the training curriculum/teaching plan to determine if both the student and facility will benefit. The HSA must obtain the concurrence of the Officer in Charge of the Service Processing Center (SPC) permitting a student into an SPC.

4.6.1. Malpractice Insurance. Students who will have direct contact with detainees (i.e. physician assistant, nurse practitioner students, nurses, dental, and dental hygienists) will require malpractice insurance. Students who will *not* be working directly with detainees (i.e. medical records, pharmacy, administrative, public health students) will not require malpractice insurance. The HSA should clarify the availability of malpractice insurance through the school.

Preceptorship agreements between DIHS and training programs are coordinated through the Branch Chiefs and are forwarded to the program attorney for review. All agreements must be reviewed for legal sufficiency prior to the student being accepted into a DIHS program.

4.6.2. Preceptorships. The student's preceptor will direct the daily activities of the student. The student is not to be assigned work by anyone other than the preceptor. The preceptorship relationship must be understood and adhered to by everyone at the medical facility.

4.7. Orientation. All staff members will receive a formal orientation to the DIHS and to their duty site. It is the responsibility of the Branch Chief and the direct supervisor to ensure that new staff receives orientation coinciding with entry on duty. The orientation must be documented, using HSD form 500, signed by all parties concerned, and subsequently kept in the local personnel folder.

4.7.1. Program Contents. Content of the orientation shall include, but not necessarily be limited to, the following areas:

- XA brief history of the DIHS and the assigned duty station
- XFor Commissioned Officers, an overview of the Commissioned Corps personnel system and the CCPM
- XFor Civil Service Personnel, an overview of the HRSA-NTEU Collective Bargaining Agreement
- XFor Contract Employees, an overview of the Contract Employee Handbook
- XAn overview DIHS policy and procedure manual and SOPs
- XAn overview of medical facility operations manual and LOPs
- XAppropriate introductions to DIHS and INS staff;
- XA review of billet and/or position description, expectations with regard to duties and responsibilities, and how they relate to periodic evaluations; (NOTE: for Commissioned Officers, a review of both the billet description and the position description are required). A copy of the billet and/or position description will be given to each employee and documentation that this has been received will be kept in the credentials portfolio, Section 1.
- XThe Privacy Act;
- XAn introduction to the INS policies and security measures;
- XAn overview of facility specific matters, i.e., parking, methods of communication, lunch facilities, absence reporting, leave policies, telephone use, work schedule, uniform of the day, keys, medical record name stamp, etc.
- XIdentification cards, i.e. facility card, uniformed service card;
- XAn overview of travel, i.e. forms, passports, government credit cards, etc.
- XSafety & Environment Health including Safe Medical Devices Act, ADA, fire drills and disaster plans
- XInfection Control including bloodborne pathogen exposure, TB exposure, standard precautions, handwashing, and spills
- XAge-Specific Competencies
- XAbuse and Neglect
- XHarassment
- XCultural Competency

4.8. Professional Education and Career Development. After one (1) year of service with the DIHS, all staff may be granted up to five (5) working days of administrative leave to attend continuing professional education (CPE) or career development activities. HQ directed professional education or career development activities are not included in the five (5) days. Financial support for an individual to attend such professional education or career development activities may be up to a blended rate of \$1350.00 per fiscal year for Commissioned Officers and Civil Servants. Each cost center manager is allotted a CPE budget depending upon the number of staff members they have. The cost center manager is responsible for the approval, distribution and monitoring of these funds. Refer to Request for Professional Education SOP 4.8.

National Health Service Corps requires that (NHSC) assignees will be granted five (5) days of administrative leave for training in the first year. This does not include financial support. After the first year, NHSC assignees have the same CPE privileges as listed above.

4.8.1. Criteria. Factors that will be considered when reviewing a request to attend a professional education or career development activity include:

- XContribution to improving detainee health care
- XNeed to fulfill discipline required Continuing Education Units
- XFeasibility when considering resources, i.e. time, money, staff
- XLocal availability or availability through the Government should be considered.
- XTraining site cannot be located outside of the continental United States.
- XCPE cannot include language immersion courses.
- XNo administrative leave or financial support will be allowed for CPE for staff within 6 months of a permanent change of station or retirement.

4.9. Evaluations. Routine annual evaluations will be conducted on all government employees by their supervisors. Conferences are held between each employee and their supervisors to discuss performance issues. All duties, responsibilities and performance expectations will be clearly defined and documented at the beginning of each rating period. Supervisors are encouraged to seek input from the appropriate National Program Consultant as necessary.

4.9.1. Commissioned Officers Effectiveness Report. An annual Commissioned Officers' Effectiveness Report (COER) will be completed on each officer in compliance with the CCPM Manual Circular guidelines transmitted to all commissioned officers each year that supplement CCPM Instruction 1, Subchapter CC25.1. In the SPCs, the CD will have the ultimate responsibility of evaluating all commissioned officers on topics 1, 2, 4, 6, 9 and 10. They will also evaluate topic 11 and 18 in coordination with the HSA. The HSA will have the ultimate responsibility of evaluation all commissioned officers on topics 3, 5, 7, 8, 12, 13, 14, 15, 16 and 17. They will also evaluate topic 11 and 18 in conjunction with the CD. The HSA will sign the COER for all officers.

4.9.1.1. Mid-year Evaluations: Mid-year evaluation in COER format will be completed on each commissioned officer in December of each year utilizing the same process as described in 4.9.1.

4.9.2. Employee Performance Management System (EPMS). An annual EPMS will be completed on each civil service employee in October as outlined in the HHS Personnel manual Instructions 430-4. In the SPCs the CD will have the ultimate responsibility of evaluating all civil servants on their clinical elements. The HSA will have the ultimate responsibility of evaluation all civil servants on their administrative elements.

4.9.2.1. Mid-year Evaluations: Mid-year evaluation in the EPMS format will be completed on each Civil Service employee in April of each year utilizing the same process as described in 4.9.2.

4.9.3. Evaluation of Contract Employees. Upon request of the contractor, the HSA and CD may be asked to provide performance information on contract employees holding clinical positions.

4.10. Grievance Mechanism. DIHS commissioned officers must follow the mechanism established by Division of Commissioned Personnel (DCP) when filing a formal grievance as defined in the CCPM

Chapter 26, Subchapter 26.1, Personnel Instruction 5 - Grievances. Civil servants should follow guidance from the civilian personnel office and the Collective Bargaining Agreement. Since contract employees are not under the direct supervision of HSAs, any complaints or grievances brought forth by contractors should be forwarded by the employee to the contractor's supervisor.

4.11. Standards of Conduct. All employees (Commissioned Officers, civil servants, and contract employees) are expected to abide by Standards of Conducts prescribed by law, to include regulations set forth in Part 45, Title 28, Code of Federal Regulations, which prescribe policies, standards, and instructions regarding the conduct and behavior of employees and former employees of the Government. Among other topics, these regulations address:

- XConflicts of interest
- XUnauthorized private practice of profession outside of employment
- XMisuse of official position, and coercion
- XMisuse of federal property
- XConduct prejudicial to the Government
- XProcurement integrity

Violations could result in administrative sanctions and/or criminal proceedings.

4.12. Uniform Policy/ Dress Code. While on duty, on TDY assignment, or representing the Public Health Service at professional conferences, commissioned officers always will wear the uniform of the day. The uniform, including outer garments (sweaters, jackets, coats, covers) shall be worn in accordance with the CCPM. (The only exception is that INS issued identification badges may be worn on the uniform.) The Field Utility Uniform (FUU) is not authorized unless written permission is obtained from the DIHS Director and Division of Commissioned Personnel in accordance with the CCPM.

4.12.1. Authorized Uniforms. Authorized uniforms are:

- XSummer Khaki (not including 100% cotton)
- XSummer Whites or Indoor Duty White
- XSummer Blue ("Salt and Pepper")
- XWinter Blue or Winter Working Blue
- XService Dress Blue
- XFUU (Field Utility Uniform) for EMRT Missions

4.12.2. Local Designations. For SPC medical facilities, the HSA will designate the uniform of the day (uniform which should be worn by all personnel on that day). The prescribed uniform of the day should be congruent with climate, season, or directives from the Director, DIHS. While on TDY, DIHS personnel will wear the local prescribed uniform of the day. The uniform of the day shall be either the Service Dress Blue or the Salt and Pepper on days when official visitors are on site. Lab coats will be made available by DIHS and are to be worn over the uniform during patient care.

4.12.3. Civilian Personnel Dress Code. All personnel must present a professional appearance at all times. Civilian Personnel will wear appropriate business clothing (blue jeans, athletic type footwear, sleeveless shirts, short pants, or shirts that advertise a product, or point of view are never acceptable). Personnel within a secured facility must be able to respond to emergencies and therefore not wear clothing, or shoes that would impede their ability to respond. A lab coat or jacket must be worn over business clothing during patient care. Lab coats will be made available by DIHS and are to be worn over clothes during patient care. The lab coats should be worn in the clinic only, except when providing outside care. Staff members must not wear lab coats home. The facility must arrange for cleaning of the lab coats.

4.12.4. Exceptions. Dental personnel may wear scrubs during clinic hours but may not wear scrubs to and from work. Physicians may wear scrubs while performing invasive procedures or when there is a chance of exposure to blood borne pathogens.

4.13. Duty Station Clearance. It is the responsibility of the immediate supervisor to insure that the following guidelines regarding clearance of the duty station are followed and that documentation be made of it.

4.13.1. Separation from DIHS. Commissioned Officers will refer to CCPM pamphlet number 32, Information on Separation. Civil service staff will contact the DIHS Human Resource Section for separation guidance.

4.13.1.1. DIHS Clearance. The employee is responsible for:

- XReturning local identification card(s) to INS
- XReturning official passport to Resource Management Branch
- XReturning medical facility keys to HSA
- XReturning government travel credit card to Resource Management Branch
- XReturning IMPAC card to Resource Management Branch
- XCompleting and submitting any outstanding travel vouchers to Local Travel Authority for entry into TMS
- XTurning over all documents in all medium that were generated for DIHS while in the employment of DIHS to supervisor
- XTurning over all equipment and supplies that were purchased by DIHS including manuals, reference books, testing equipment, computers, computer cases, software, etc. to supervisor
- XRemoving all passwords on password protected files that the officer generated on DIHS computers (supervisor must verify this)
- XRequesting their supervisor to certify and complete the current leave record and the Commissioned Officers' Effectiveness Report (COER) (if the officer is separating involuntarily) are mailed to DCP through appropriate channels.

4.13.2. Transfer within the DIHS. The commissioned officer will refer to CCPM guidance regarding permanent change of station.

4.13.2.1. Site Clearance. The employee is responsible for:

- XReturning any local identification card and facility keys to INS
- XCompleting and submitting outstanding travel vouchers
- XTaking name stamp with them
- XTaking official passport with them
- XTaking their employee health record with them.
- XRequesting the supervisor to certify and complete the current leave record and then forward to new DIHS supervisor

4.14. Employee Health Care in SPC medical facilities. The provision of health care by DIHS providers for employees (DIHS or INS employees, students, visitors or other) is limited to preventive health measures or on an emergency basis only.

4.14.1. Documentation. In the event that limited preventive or emergency care is provided to any DIHS or INS employee, student, visitor or other, the encounter must be documented. In the case of DIHS employees, the documentation is maintained in the employee health record. In the case of persons other than DIHS employees, the encounter will be documented and the document given to the person receiving care. The employee health record will be retained, transferred within the DIHS, and retired as required. Upon separation from the program, the employee health record will be kept on file along with the employee's credentials portfolio indefinitely.

4.15. CPR Certification. All DIHS personnel are required to be trained in Cardiopulmonary Resuscitation (CPR) and automated external defibrillators (AED). Once certified, each employee must take a refresher course in CPR and AED and be re-certified prior to expiration of existing certification. In the SPCS, the HSA will ensure that at least one DIHS provider is ACLS (Advanced Cardiac Life Support) certified and qualified to teach CPR (BLS - Basic Life Support) to other DIHS employees and the INS staff. CPR training should be offered at least once every six months. Verification of CPR and AED training will be submitted to the respective supervisors who will keep a file on certification.

4.16. ACLS Certification. All Clinical Directors are required to be ACLS certified. In those medical facilities that have Short-Stay Units, the HSA will ensure that at least one provider on each shift is ACLS certified. Verification of ACLS certification will be kept on file locally and in the credentials portfolios (for LIPs).

4.17. Awards. All senior leaders shall nominate their subordinates for awards as outline in the Awards SOP 4.17, the HRSA awards manual and the CCPM.

4.18. Leave. By December 15 of each year the HSA will compile a list of all requested leave and CPE for the coming year. Staff may choose one two-week segment on the first round and one two-week segment on each additional round. Leave will be granted in 2-week segments in order of PHS seniority. Staff may choose their first, second, and third priority on each round. Any leave not requested at this time

will only be granted if it does not conflict with the needs of the clinic. Refer to PHS and HRSA leave policy as appropriate for guidance. Refer to CCPM Pamphlet No. 68 for specific instructions.

4.18.1. Sick Leave. Sick leave must be requested through the immediate supervisor as soon as possible, but not later than two hours prior to the scheduled shift. The immediate supervisor shall follow the applicable Commissioned Corps or Civil Service policy on documentation of illness. All requests shall be made directly to the immediate supervisor.

4.18.2. Administrative Leave. The DIHS will grant up to five days of administrative leave per year for continuing professional education (CPE) and up to three days administrative leave on the front and back end of a permanent change of station (PCS). Leave should be requested on an official leave request form.

4.18.3. Inclement Weather. If a staff member is unable to report to duty due to inclement weather they must sign for annual leave unless the federal government has announced that they will be closed due to weather. Government closings do not apply to essential personnel (i.e. persons involved in direct patient care).

4.18.4. Recall. If a mass influx or other emergency arises, staff may be called back without notice. Officers must assure that the supervisor is aware of where they can be reached. Only officers on leave may be out of contact.

4.19. Leave Granting Authority. The HSA is the leave granting authority for all Commissioned Officers and Civil Servants within the medical facility except the Clinical Director. The CD will also authorize the leave by signing on the line “to be completed by the supervisor”. The HSA and CD will initial each other’s leave request to indicate that they are aware of the leave and that it will not adversely impact the clinic. Leave records for all personnel except the HSA and CD will be maintained onsite by the HSA. Leave records of all HSAs and CDs will be maintained at Headquarters. The leave granting authority for MCCs is their supervisor who will maintain the leave records.

4.20. Temporary Duty (TDY): Officers assigned to the DIHS are expected to be available for TDY assignments if needed. TDY assignments will follow Commissioned Corps policy. All TDY assignments will be verbally approved through Headquarters with the travel documentation and reimbursement following current policy. While on TDY all officers are to conduct themselves as an official representative of the DIHS. The PHS code of conduct must be followed at all times.